



A lifetime of specialist care

Operational Performance Metrics and Quality Indicators

Month 12 2016/17 – period ending 31st March 2017

NHS Improvement - Single Oversight Framework

<i>Clostridium difficile</i>	M12 1	YTD M12 13	YTD M12 Cases under review 5	Performance Standard Dept. Health Trajectory = 23	Variance from Threshold -23 YTD
MRSA Bacteraemia	M12 0		YTD M12 0	Zero tolerance	0 cases reported to PHE for M12
Indicator	M12			M12 Target	Variance from Target / Trajectory M12 Position
18 weeks RTT Incomplete	92.67%			M12 Trajectory = 92.58%	+0.09%
52 week breaches	0			Zero tolerance	Zero breaches for M12
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	1% target met for M12
Cancer - 62 day Urgent GP referral to first definitive treatment	14 patients 46.67%			M12 Trajectory = 65.00%	-18.33%
Cancer - 62 day Urgent GP referral to first definitive treatment - shadow reporting	14 patients 60.00%			M12 Trajectory = 65.00%	-5.00%
VTE Risk assessments	Q3 = 96.04			95%	Target met for Q3

NHS England - NHS Standard Contract

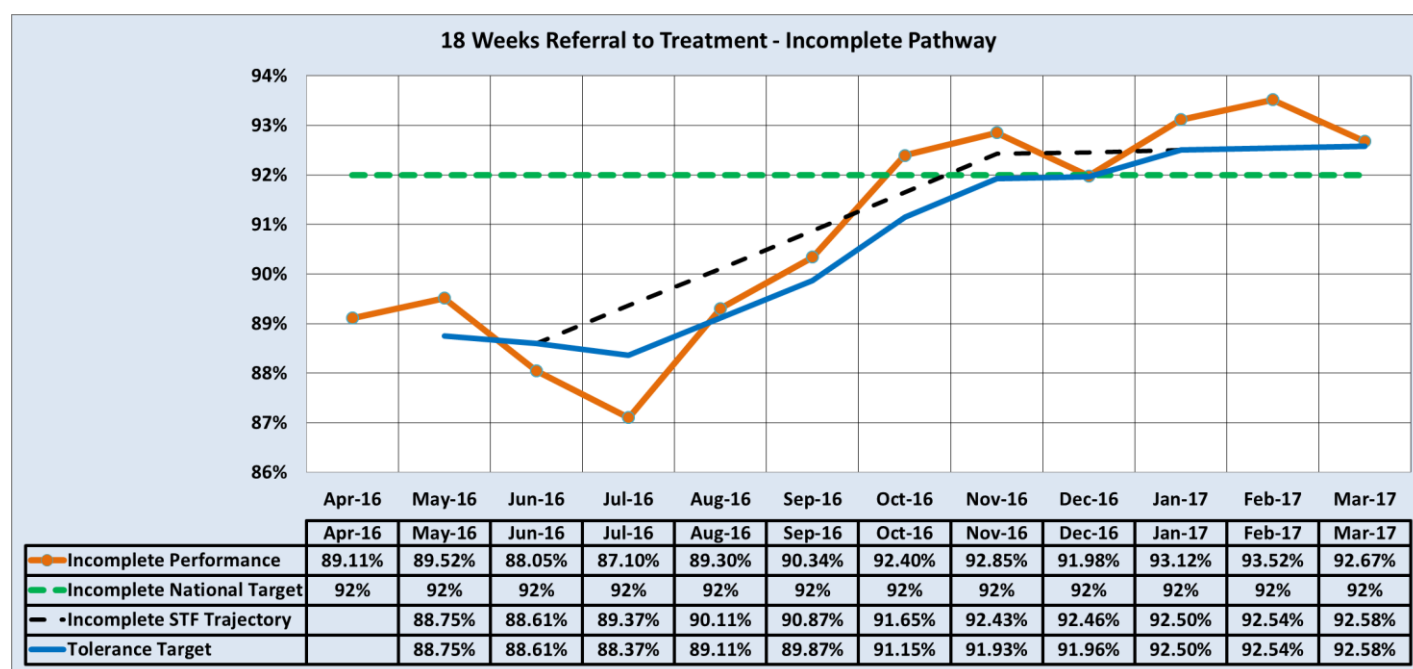
Urgent operations cancelled for the 2nd time	0	Zero tolerance	Zero breaches for M12
Cancelled Operations; not carried out within 28 days	1	Zero tolerance of no readmission within 28 days	One breach for M12
Cancelled Procedures; (Catheter Labs, Transplant Assessment and Bronchoscopy Suite); not carried out within 28 days	0	Zero tolerance of no readmission within 28 days	Zero breaches for M12
Cancer – 14 day Urgent GP Referral	No. of cases M12 2016/17 = 1 100%	93%	Target met for M12
Cancer – 31 day 1st treatment	27 patients 100%	96%	Target met for M12
Cancer – 31 day subsequent treatment	26 patients 96.15%	94%	Target met for M12

Incidents

	16/17 M12	15/16 Total Incidents	15/16 YTD Incidents at M12	16/17 YTD Incidents at M12	Δ
Outbreaks of Infection	0	2	2	4	+2
Serious Incidents	0	24	24	11	-13
Never Events	0	0	0	0	0

1.1 18 week Referral to Treatment Time Targets

Performance against the Sustainability and Transformation Fund (STF) trajectory



18 weeks RTT by National Specialty – Incomplete Pathways March 2017

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,253	138	1,391	90.08%
	Cardiology (Harefield)	1,612	136	1,748	92.22%
Cardiology		2,865	274	3,139	91.27%
Thoracic Medicine		1,349	4	1,353	99.70%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	255	52	307	83.06%
	Cardiac Surgery (Harefield)	321	101	422	76.07%
	Thoracic Surgery	180	1	181	99.45%
Cardiothoracic Surgery		756	154	910	83.08%
Other	Other	207	12	219	94.52%
	Paediatrics	924	35	959	96.35%
	Transplant	73	9	82	89.02%
Other		1,204	56	1,260	95.55%
		6,174	488	6,662	92.67%

For M12; the STF trajectory target for 18 week Referral to Treatment Time performance (92.58%) has been met.

Performance against the 18-week Referral-to-Treatment (RTT) standard is reported as approx. 92.67% for March 2017, and has been reported at or above the 92% national threshold since October 2016.

The PAS Implementation Group is overseeing two related work streams aimed at improving data quality:

- Technical/system changes, both within the Trust and involving the system supplier (CSC); and
- Development and dissemination of new training materials to improve knowledge and use of Lorenzo processes, consistent application of RTT data standards and business processes

The following points should be noted:

- NHS England and NHS Improvement are being kept informed of the progress to improve the accuracy of current RTT reports via monthly meetings and tracking reporting.
- Waiting-time reports for patients on lung cancer pathways (31-day and 62-day) are not captured in this way and are therefore unaffected.
- As previously reported, Lorenzo PAS captures referral information in a different way from the old system, greatly reducing the risk of referral information being lost or delayed.
- An internal post-project evaluation report of Lorenzo implementation has been drafted for consideration by the Project Board in late April 2017.
- An Internal Audit review of the PAS replacement project will be undertaken during May 2017.

1.2 Cancer Target - 62 days to 1st Treatment

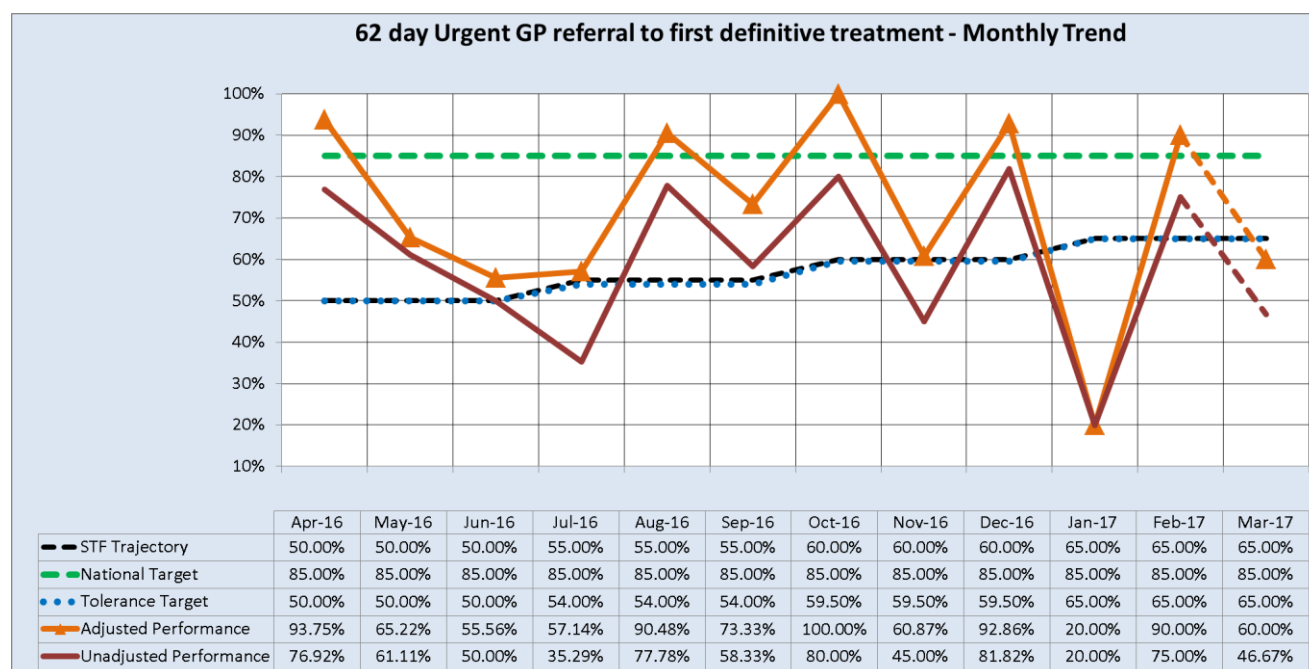
Trust Actions – Update:

- The Trust's Cancer Action Plan continues to be reviewed at the Lung Division Quality and Safety Meeting.

Referral Centre Actions – Update:

- The Department of Health published the Government's mandate to NHS England for 2017-18 in March 2017. The mandate sets out the expectation that NHS England will deliver the recommendations of the Independent Cancer Taskforce and in particular make preparations for the introduction of the new 28 day faster diagnosis standard, which is to begin in April 2018.

Performance against the Sustainability and Transformation Fund trajectory agreed with NHSI with breach allocations taken into account (Shadow Reporting) and without breach allocations.



..... M12 provisional data

..... M12 provisional data

For M12; the STF trajectory target for urgent GP referral for suspected cancer to first definitive treatment (65.0%) was not met.

Cancer Target - 62 days to 1st Treatment

Detail of all 62 Day Urgent GP referral (breach + non breach) M12

Referring Trust & Hospital	Day Referral Received by RBHFT	No. of days from receipt of referral at RBHFT to treatment	No. of days from GP referral to treatment	Allocation Status				
				Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	33	30	63			✓		
Buckinghamshire Healthcare NHS Trust Wycombe Hospital	57	13	70				✓	
	54	8	62	✓				
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	49	59	108					✓
East And North Hertfordshire NHS Trust Lister Hospital	51	32	83					✓
Frimley Health NHS Foundation Trust King Edward VII Hospital	43	17	60	✓				
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	56	21	77				✓	
	21	10	31		✓			
	35	25	60		✓			
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	81	37	118					✓
	62	6	68				✓	
Royal Brompton & Harefield NHS Foundation Trust Harefield Hospital	25	19	44		✓			
Royal Free London NHS Foundation Trust Royal Free Hospital	30	28	58		✓			
West Hertfordshire Hospitals NHS Trust Watford General Hospital	54	27	81					✓

All patients listed above have received their treatment, have been discharged from the Trust, and will be followed up locally.

During M12, of the 8 patients that breached the 62 day target, 5 patients experienced a waiting time at the Trust of more than 24 days.

One patient breached the target due to limited theatre capacity for one surgeon. The patient was keen to stay with this surgeon. The allocation of theatre capacity is currently being addressed alongside the appointment of a new surgeon from May 2017.

Three patients were referred prematurely, before diagnostic testing had been completed and they needed to undergo further investigations before surgery could be decided as the optimum treatment; two of these patients were also considered for oncology treatment rather than surgical treatment during this time and so this elongated the patient pathway.

One patient was due to be admitted within the target time, however on the day of admission there was no bed available.

Performance using pre breach allocation /national breach allocation up to the end of month 12
NHS Improvement guidance requires reporting of:

i) Performance without breach allocation:

Period	Total treated	Total treated in time	Unadjusted Performance
Mar-2017	7.5	3.5	46.67%

ii) Performance using national breach allocation guidance published April 2016.

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Mar-2017	7.5	1.0	2.5	0.5	1.5	2.0	60.00%

- The table above shows performance in the currency used by the national IT system Open Exeter.
- For the 62 day cancer target, the starting point is that each breach is shared. Therefore, each patient is shown as 0.5.
- In making the breach allocations, the Trust has used an algorithm agreed with NHS Improvement for shadow reporting.
- Of 14 patients treated during M12, 6 were treated in time (scenario 1 + scenario 2).
- Of 14 patients treated during M12, 1 was allocated to RBHFT (scenario 3).
- Of 14 patients treated during M12, under the new breach allocation guidance, 3 were allocated to the referring provider (scenario 4).
- The data for M12 (March 2017) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 10th May 2017.

1.3 Cancer Target - 31 day decision to treat to first definitive treatment

	31 day decision to treat to first definitive treatment			
	Total Treated	No. Treated within time	Performance	Monitor Average
Oct	29	27	93.10%	93.10%
Nov	42	40	95.24%	95.24%
Dec	33	31	93.94%	93.94%
Jan	35	28	80.00%	80.00%
Feb	25	22	88.00%	88.00%
Mar (provisional data)	27	27	100.00%	100.00%

- M11 (February) data is published and taken from Open Exeter.
- Out of 25 patients treated in M11, 22 were treated in time.
- Out of 25 patients, 17 were solely on a 31 day first definitive treatment pathway and 8 were on a 31 day first definitive treatment pathway and as well as the 62 day Urgent GP referral pathway.

1.4 Cancer Target - 31 day - decision to treat to subsequent treatment (Surgery)

	31 day - decision to treat to subsequent treatment (Surgery)		
	Total Treated	No. Treated within time	Performance
Feb	9	8	88.89%
Mar (provisional data)	26	25	96.15%

- M11 (February) data is published and taken from Open Exeter.
- Out of 9 patients treated in M11, 8 were treated in time.

A review is taking place of reports of all '31-day pathway' patients from October 2016 – February 2017, as some data quality issues have become apparent, prompting a wider data validation exercise. It appears that either the data has been amended once uploaded, or there was an error in the extract that uploads the data to the 'Open Exeter' system. This is purely a data reporting issue and has not impacted or compromised patients' treatment: all patients have had surgery and been discharged for local follow-up.

1.5 Cancelled Operations

E.B.S.6: Urgent operations cancelled for a second time

- The number of patients whose urgent operation was cancelled for the 2nd time in M12 was 0.
- The number of patients whose urgent operation was cancelled for the 2nd time YTD is 0.

E.B.S.2: Cancelled Operations

Definition; all patients who have operations cancelled; on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days of the patient's treatment to be funded at the time and hospital of the patient's choice.

Numerator - No. of operations and procedures not rescheduled and carried out within 28 days.

Denominator - The number of patients whose operation was cancelled at the last minute by the hospital, for non-clinical reasons

M12, March 2017

Detail of Numerator – Cancelled Operations (28 day rescheduled bookings)

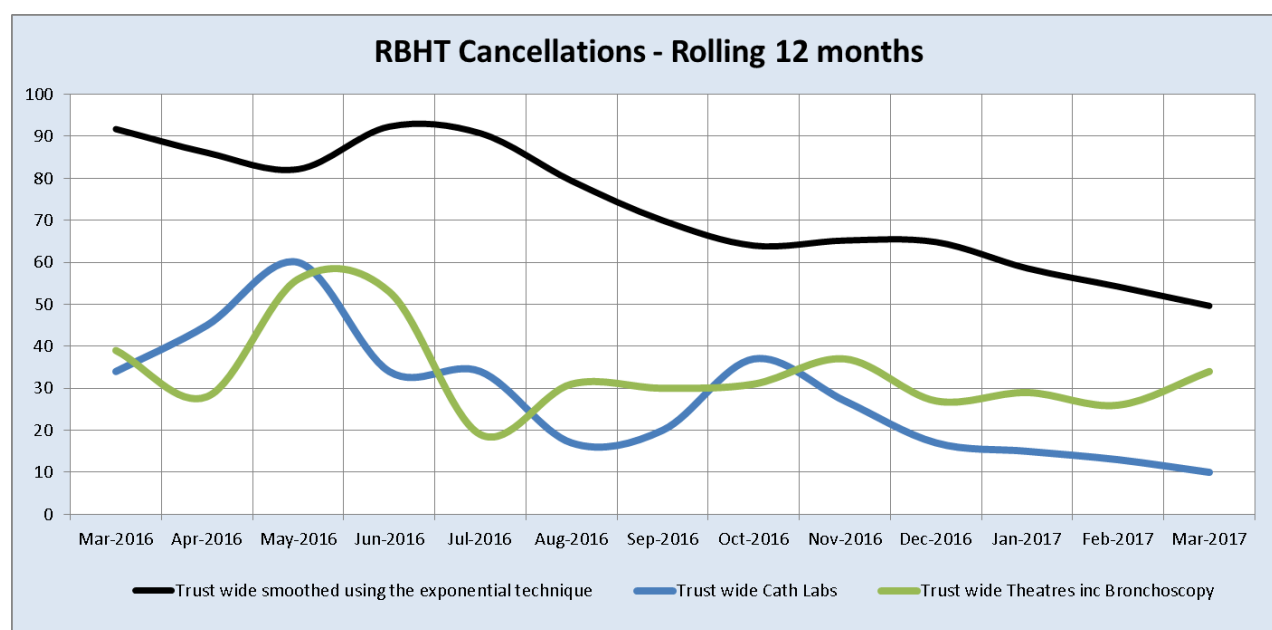
During M12, there was 1 breach of the pledge to offer another binding date within 28 days of the patients operation being cancelled for the first time.

The patient affected was cancelled three times in total, the first two cancellations being due to bed shortages and the last cancellation due to priority being given to an urgent case. The patient was treated in 18th April 2017.

Detail of Denominator – Cancelled Operations and procedures

There were 44 patients whose operation or procedure was cancelled in March 2017; 13 at Royal Brompton Hospital and 31 at Harefield Hospital.

Graph below: Cancellation trend in rolling 12 months



Quarter 4 Performance 2016/17

Cancelled operations data is reported to Unify on a quarterly basis. This is known as the QMCO report. The date for submission for Quarter 4 data is 28th April 2017.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days																
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	YTD
Theatres	3	0	0	0	0	0	0	3	0	0	0	0	3	0	3	0	6
Catheter Labs	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Bronchoscopy Suite	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RBH Total	3	0	1	0	0	0	0	3	0	0	0	0	4	0	3	0	7
Theatres (inc Bronchoscopy)	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	1	2
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
HH Total	1	0	0	0	1	0	0	0	0	0	0	1	1	1	0	1	3
Trustwide	4	0	1	0	1	0	0	3	0	0	0	0	5	1	3	0	9

Denominator	Cancelled operations and procedures																
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	YTD
Theatres	14	22	15	8	3	10	16	20	4	13	6	9	51	21	40	28	140
Catheter Labs	22	37	23	19	10	13	16	15	10	13	9	4	82	42	41	26	191
Bronchoscopy Suite	1	2	2	0	2	1	0	1	0	0	0	0	5	3	1	0	9
RB Total	37	61	40	27	15	24	32	36	14	26	15	13	138	66	82	54	340
Theatres (inc Bronchoscopy)	13	32	36	11	16	19	15	16	23	16	20	25	81	46	54	61	242
Catheter Labs	23	23	11	15	7	7	21	12	7	2	4	6	57	29	40	12	138
Other	1	7	9	1	1	2	2	1	0	0	0	0	17	4	3	0	24
HH Total	37	62	56	27	24	28	38	29	30	18	24	31	155	79	97	73	404
Trustwide	74	123	96	54	39	52	70	65	44	44	39	44	293	145	179	127	744

Under the NHS Standard contract, the penalty for each breach of the requirement to offer another binding date within 28 days is loss of income for that spell of care.

Richard Connett; Director of Performance & Trust Secretary

19th April 2017

Section 2 – The Friends and Family Test

Patient Experience - Monthly update – March 2017

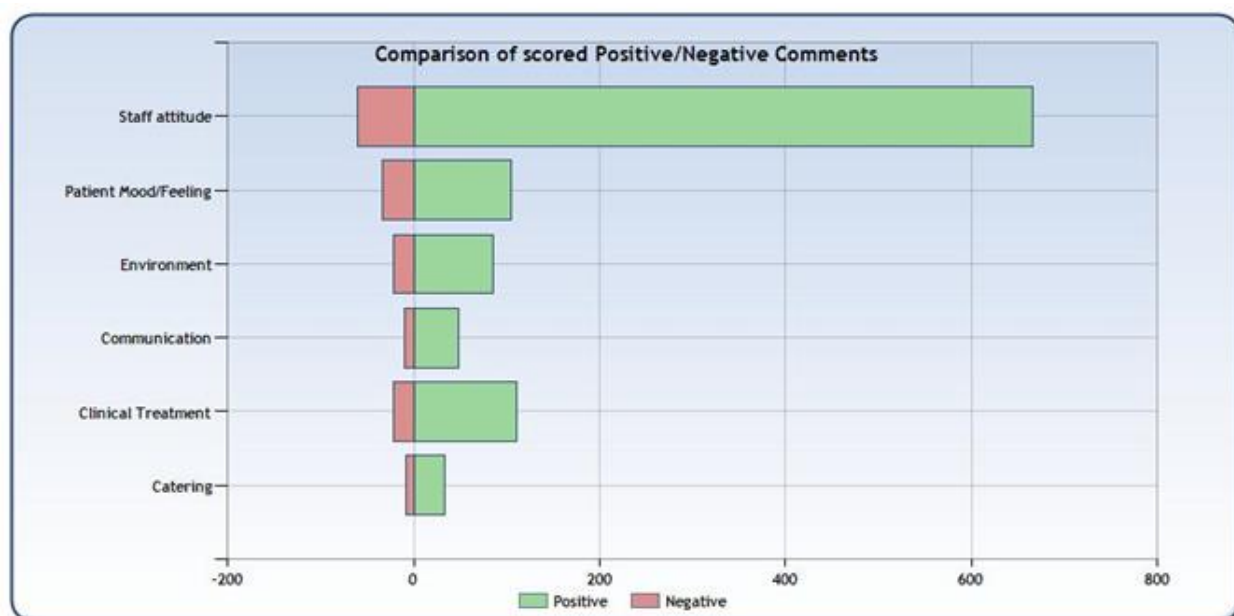
Trust Recommendation score for FFT - 97%

Negative Comments – 2%

The Trust changed supplier for FFT in December 2016 and since then we have seen a significant increase in the response rate resulting in putting us in line with both Liverpool Heart and Chest and Papworth Hospitals.

All inpatients now receive the FFT survey via SMS or IVM (Integrated Voice Messaging) in the absence of a mobile phone number. Patients are also given the opportunity to leave messages.

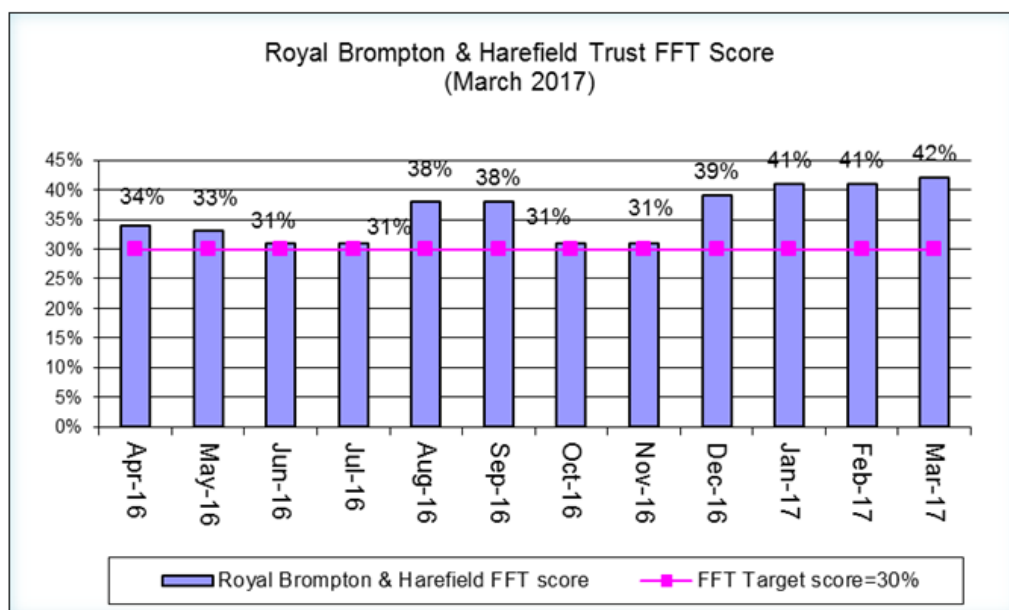
The new portal also has improved reporting functionality including sentiment analysis, word and theme reports.



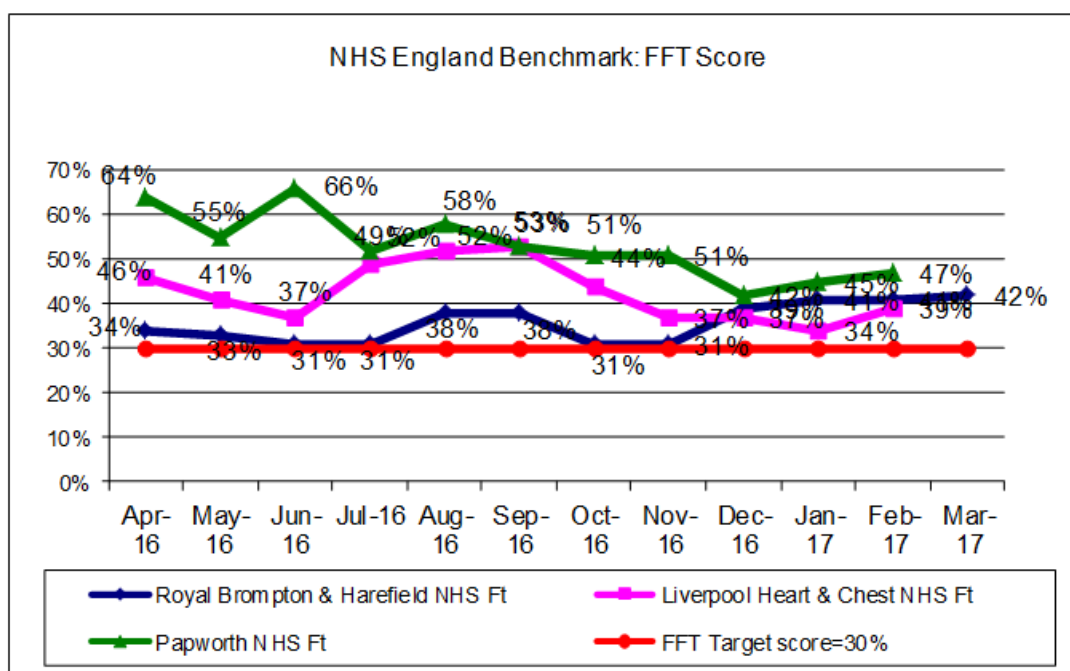
Top 10 Words				Top 10 Themes			
+ Positive		- Negative		+ Positive		- Negative	
1. Staff	500	1. Nurses	4	1. Staff attitude	858	1. Staff attitude	19
2. Care	281	2. Seen	4	2. Staff	564	2. Staff	14
3. Friendly	161	3. Nurse	4	3. Implementation of care	495	3. Patient Mood/Feeling	9
4. Excellent	124	4. Doctor	4	4. Clinical Treatment	143	4. Environment	9
5. Helpful	122	5. Bed	4	5. Patient Mood/Feeling	139	5. Clinical Treatment	8
6. Nurses	111	6. Treatment	3	6. Environment	112	6. Communication	7
7. Good	110	7. Still	3	7. Waiting time	62	7. Implementation of care	7
8. Professional	91	8. Doctors	3	8. Communication	54	8. Admission	6
9. Caring	91	9. 30pm	3	9. Admission	50	9. Waiting time	6
10. Treatment	88	10. Appointments	3	10. Catering	48	10. Catering	2

Friends and Family Test Update – March 2017

1. Royal Brompton & Harefield NHS Ft: FFT Score



2. NHS England FFT Benchmark data: (Source NHS England)



Number of responses received via each mode of collection					
SMS/Text/Smartphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcard given at point of discharge	Telephone Survey Once Patient is Home	Online Survey Once Patient is home	Total
674	0	367	163	26	1230

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for Mar 2017. This reflects what RBHT submitted to Unify. This information will eventually be published on NHS Choices.

Nurse staffing at Royal Brompton Hospital		Nurse staffing at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	93.6% of planned level	% of registered nurse day hours filled as planned (Hospital)	106.6% of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	62.8% of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	73.1% of planned level
% of registered nurse night hours filled as planned (Hospital)	88.7% of planned level	% of registered nurse night hours filled as planned (Hospital)	106.6% of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	55.9% of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	106.5% of planned level
<p>Registered nurse staffing at the Brompton site averaged 93.6% (days) and 88.7% (nights). This was the result of reduced activity in the Heart Division (critical care areas and private patients). The lung division wards experienced high levels of acuity resulting in average fill rates of 105% (included in Brompton site analysis above).</p> <p>Unregistered care staff levels were 62.8% (days) and 55.9% (nights). Matrons reported that the numbers of registered nurses were sufficient to ensure the consistent delivery of safe care.</p> <p>Staffing was maintained at safe levels throughout the month.</p>		<p>Registered nurse staffing at the Harefield site averaged 106.6% on both days and nights. This was the result of a combination of 'on-plan' activity and high levels of supernumerary staff.</p> <p>Unregistered care staff levels were 73.1% (days) and 106.5% (nights). Sufficient registered nurses (including supernumerary staff) were present on days to ensure that safe staffing was maintained. The night requirements were slightly elevated due to the need for 1:1 observation of patients in surgery and transplant.</p> <p>Staffing was maintained at safe levels throughout the month.</p>	

Peter Doyle, Divisional Lead Nurse / Associate General Manager, Heart Division, Harefield Hospital.
19th April 2017